



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Form #2 EMPLOYEE ILLNESS REPORTING AGREEMENT

You play an important role in providing safe food to the general public. As a food handler, you have a responsibility to report the symptoms and conditions listed below.

I agree to report to the person in charge the following symptoms of foodborne illness:

1. Vomiting
2. Diarrhea
3. Jaundice – yellow skin or eye color
4. Sore throat with fever
5. Infected wounds

I agree to report to the person in charge if a doctor says that I have one of the following infections:

1. E.coli
2. Salmonella
3. Shigella
4. Hepatitis A
5. Norovirus

I agree to report to the person in charge if I am exposed to foodborne illness in the following ways:

1. I am exposed to a confirmed outbreak of foodborne illness;
2. Someone who lives in my house is diagnosed with a foodborne illness;
3. Someone who lives in my house attends an event or works in a place which has a confirmed outbreak of foodborne illness.

Employee Acknowledgement

I understand that if I fail to meet the terms of this agreement, action could be taken by the food establishment or Fairfax County Health Department that may affect my employment.

Employee Name (please print) _____

Employee Signature _____ Date _____

Signature of Person in Charge _____ Date _____

